

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41670

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5881		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jefferson Twp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jefferson Twp 0760			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clay Mine				d. STREET ADDRESS (If rural, give location) Belle, Mo. A. E. 0			
3. NAME OF DECEASED (Type or Print) Fred		a. (First) Fred		b. (Middle) W		c. (Last) Shockley	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Sept. 14th 1904 46	
9. AGE (In years last birthday) 46		10. MONTHS 2		11. DAYS 29		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clay Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Bland, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Patrick Shockley		13b. MOTHER'S MAIDEN NAME Martha Rogers		14. NAME OF HUSBAND OR WIFE Oma Shockley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487 - 14 -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil A. Rogers Belle, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fracture of the skull		INTERVAL BETWEEN ONSET AND DEATH instant					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.		4					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 076					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clay Mine		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Twp Osage Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) Dec 13 1950 8:54 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Clay Pit Wall Caved in			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Coroner				23b. ADDRESS Box 255, Linn, Mo.		23c. DATE SIGNED 12-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 12/16/50		24c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery		24d. LOCATION (City, town, or county) (State) Maries County-Missouri	
DATE REC'D BY LOCAL REG. Dec. 19-1950		REGISTRAR'S SIGNATURE 235		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Saasmann's Funeral Service-Belle-Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Charles J. Sasser

Signed
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland - Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.